### **Our Goal:**

# Slow the spread to maintain care & response capacity

- Programs/Institutions: Slow the spread by supporting programs to stay open & implement PHSKC mitigation guidance
- People: Slow the spread by keeping or getting people in the right level of subhospital care—so hospitals can keep providing care to those who need it.

#### **Team Approach**

- PHSKC Public Health—Seattle & King County (PHSKC) w/ CDC Input
- DCHS King County Department Community & Human Services
- FMD King County Facilities Management Division
- HSD Seattle Human Services Department
- HCHN Healthcare for the Homeless Network
- METRO
- Community Partners & Providers

## Our Strategies to Slow the Spread for people without a place to recover



Strategies to preserve and increase shelter, isolation, quarantine, and congregate capacity.

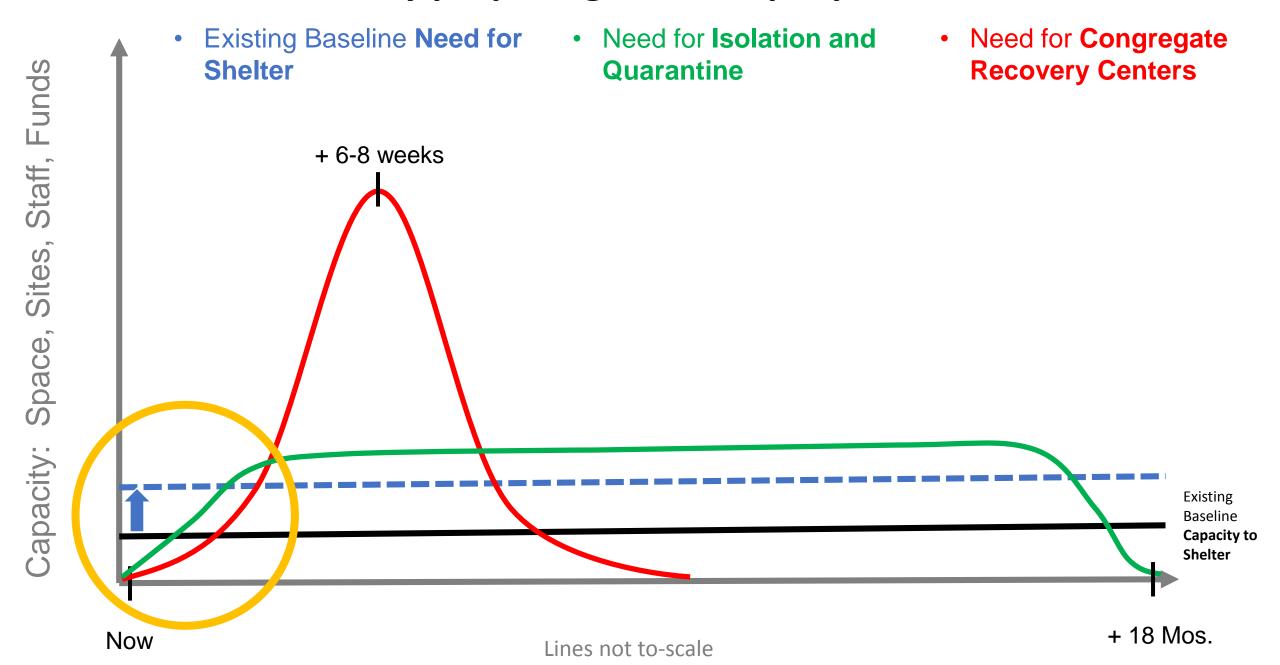
- Inform, reinforce, de-intensify and resupply the <u>existing shelter</u> system
- Create & Operationalize <u>new capacity</u> for isolation/quarantine for persons who do not have a home they can return to
- Create & Operationalize <u>new capacity</u> for congregate recovery or mass shelter
- Design and Implement the Protocol to connect people who need a place to the places we're creating



Strategies for Behavioral Health & Integrated Health

- Maintain the SUD Treatment System with focus on MAT (Methadone)
- Maintain the Medicaid and BHASO care authorization and payment system
- Sustain Behavioral Health Crisis Outreach Operations
- Create additional capacity for isolation/quarantine/congregate recovery for use by patients from <u>secure</u> BH inpatient settings

# We are simultaneously preparing for multiple phases.



# We are implementing protocols and increasing capacity.

**Community** Mitigation to slow Keep in or the spread & keep people healthy **get to** the right **Call Center** setting **Additional** to provide I/Q in Recover **PHSKC** Support for ininformation or Support continued community mitigation Guidance In Place **Place Integrated Health** place care guidance if **Care System** symptoms Hygiene present **Shelters & Day** Supply **Centers** Existing Motel 2 ID, Site, I/Q I/Q **Broader Community** Assign, Transport, & **Technical Operationalize** w/o a place to Sustain at I/Q **Assistance** I/Q/CRC safely I/Q facilities Top Hat Aurora Assign, Transport, & Sustain at CRC I/Q I/Q **Emergency Response** De-**System Intensify** 2 ID, Site, **Other Institutions** New **Future** Interbay **Operationalize Shelters** CRC

**CRC** 

**CRC** facilities

#### We are taking action and will keep doing more.

- Writing and Issuing COVID-19-specific guidance to shelters and other providers
- Getting the information and coordination out to providers: Calls and Webinars
  - Holding regular Shelter All-Provider Calls with 200+ participants
  - Holding regular BH Providers calls
  - Initiated all Outreach Team Providers information and coordinator call
- Completed Shelter Assessment & Inventory for COVID-19 guidance feasibility
- Ongoing De-Intensification of Shelters
  - Motel vouchers to move "hyper-vulnerable" shelter stayers out of shelters before they become ill
  - ID'ing highest-risk shelters and de-intensifying where possible
- Mobile Medical Van & Emergency Services Patrol continue operations
- Instituted online centralized cleaning supply request system (first supplies available today)
- First 15 I/Q rooms at Motel up and operational on 3/8
- Methadone dosing system is operating—providers have emergency authority to provide multiple days doses
- Significant work on acquiring use of and operationalizing multiple additional I/Q and CRC sites
- Operationalized a facilities feeding system in Partnership with FareStart (current capacity up to 1,800 meals daily)

We are seeing challenges and developing solutions in "real time."

Space

Sites

Provider Staff

# **Questions?**